

PENOBSCOT NATION

Appendix 1

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Fiscal Year 2004

Income Guidelines

Household Size	Level A		Level B		Level C		Level D	
	Annual	13 Weeks						
1	13,470	3,368	14,836	3,709	16,532	4,133	18,229	4,557
2	18,180	4,545	20,066	5,016	21,952	5,488	23,837	5,959
3	22,890	5,722	25,296	6,323	27,372	6,843	29,797	7,449
4	27,600	6,899	30,526	7,630	32,792	8,198	35,055	8,764
5	32,310	8,076	35,756	8,937	38,212	9,553	40,664	10,166
6	37,020	9,253	40,986	10,244	43,632	10,908	46,273	11,568

For each additional

member add: 4,710 1,177 5,230 1,307 5,420 1,355 ¹see below ²see below

¹ For household sizes above 6, add 3% for each additional member and multiply the new percentage by the income for a 4-person household.

² For household sizes above 6, add 3% for each additional member, multiply the new percentage by the income for a 4-person household, and divide the result by 4.

LOW-INCOME HOME ENERGY ASSISTANCE PROGRAM

Fiscal Years 2004-2006

Payment Matrix

POINT VALUE: ONE POINT = \$60

POINTS FOR INCOME/FAMILY SIZE:

- Level A = 4 points
- Level B = 3 points
- Level C = 2 points
- Level D = 1 point

POINTS FOR HOUSING:

- Single Family, 6 or more rooms = 5 points
- Single Family, 5 or less rooms = 4 points
- Mobile Home = 3 points
- Apartment = 2 points
- Room = 1 point

POINTS FOR PRIMARY FUEL SOURCE:

- Kerosene (#1) = 6 points
- Furnace Oil (#2) = 5 points
- Electricity = 4 points
- Propane = 3 points
- Wood = 2 points
- Other = 1 point

The crisis heating assistance component (ECIP A) will utilize the above criteria except that the point value will be as follows:

POINT VALUE: ONE POINT = \$15

In no instance will a household's benefit amount be less than \$100 under ECIP A.

Appendix C

*****ELIGIBILITY REVIEW AND DETERMINATION*****

A. ELIGIBILITY REVIEW

Applicant name: _____

Number of household members: _____

Household includes at least one person who is (check all that apply):
_____ elderly (age 60 or older)
_____ elderly (age 55-59)
_____ disabled
_____ 0-2 years old

Household Income: _____ Points: _____

Type of Housing Unit: _____ Points: _____

Primary Heating Source: _____ Points: _____

Total Points: _____

_____ X \$ _____ = \$ _____
Total Points Point Value LIHEAP Benefit Amount

B. ELIGIBILITY DETERMINATION

1. I have reviewed this application and I certify that this household is:

a. Eligible for LIHEAP assistance in the amount of \$ _____

b. Not eligible for LIHEAP assistance because: _____

Certifying Signature

Date